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APPENDIX

FOR U.S. PATENT APPLICATION OF

ALAN R. BAUER, ET AL.

ENTITLED

**METHOD AND APPARATUS FOR INTERNET
ON-LINE INSURANCE POLICY SERVICE**

U. S. SERIAL NO. _____

FILED ON _____



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Search](#)


Personal Progressive Overview

Aligned

For Frequently Asked Questions, click [here](#).

About Personal Progressive	<p>Personal <i>Progressive</i> is a link on our website that allows our insureds access to:</p> <ul style="list-style-type: none"> • Account Status • Online Payments • Policy Information* • Contract Information* • Online endorsements (currently address change only) <p>*Note: Policy and Contract information are only available with auto policies. Ontario is the only region that does not have access to make a payment in Personal <i>Progressive</i>.</p>
Getting to Personal Progressive	<p>Customers can access Personal <i>Progressive</i> by typing the URL: http://personal.progressive.com</p>
Accessing Personal Progressive	<p>Click here to see the screen.</p> <p>If New User:</p> <ul style="list-style-type: none"> • Click "New to Personal <i>Progressive</i>?" link • Enter policy number, birth date of any policyholder on policy, ZIP code, driver's license, of any policyholder on the policy, driver's license state and email address. <p>Click here to see the screen.</p> <p>If Already Registered:</p> <ul style="list-style-type: none"> • Enter User ID and Personal Security Code (PSC) <p>Registered User - Forgot Login Information</p> <ul style="list-style-type: none"> • Click "Forget Your Login Information?" • Enter policy number, birth date of any policyholder on policy, ZIP code, driver's license, of any policyholder on the policy, driver's license state and email address. • If your information is authenticated, you will be given your user ID and your PSC will be emailed to you. • If information is not authenticated, it may be because the insured altered some information from the original registration (i.e. Email is different). If so, insured will need to re-register.

	<p>Click here to see the screen.</p> <p>User simply wants to make a payment: There are two ways to make a payment on the site:</p> <ul style="list-style-type: none"> • Express Payments--this takes the user directly to make a payment. No Personal <i>Progressive</i> registration is necessary. A user can link to <i>Express Payments</i> from the Main Menu screen in Personal <i>Progressive</i>. • Within Personal Progressive--User has the option to make payments once inside Personal <i>Progressive</i> as well.
Policy List Screen	Customers with more than one Progressive policy are able to access each of their policies via Personal <i>Progressive</i> . If a customer has authenticated multiple policies within Personal <i>Progressive</i> , they will receive a list of policies. A policy must be selected to see the following screens.
Main Policy Screen	<p>This screen will provide (if available):</p> <p>Billing Information displays:</p> <ul style="list-style-type: none"> ○ account status ○ last payment received (\$ amount and date) ○ next payment due (\$ amount and date) ○ installment amount for a quote (if applicable) ○ total payment (displays only if a quote exists) ○ Pay in Full amount and an icon to tell customer whether they are able to make a payment. If a customer wants to make a payment, they click this icon. <p>Click here to see the billing section of the Main Policy Screen.</p>
	<p>Policy Information displays:</p> <ul style="list-style-type: none"> ○ premium and coverage per vehicle ○ number of drivers ○ number of vehicles ○ latest change date ○ access to online address changes ○ access to What If? online quoting feature <p>Agent Information displays:</p> <ul style="list-style-type: none"> ○ agent name, address, and phone number. <p>Click here to see the agent section of the Main Policy Screen.</p>
Main Policy Screen Links	<p>Within the Main Policy Screen, there are links to the following screens:</p> <p>Payment Entry Screen</p>

- Customer must select the amount they want to pay from the Main Policy Screen. The options could be: current amount due, total amount due (includes quote installment and inforce policy payoff), and Pay in Full amount.
- In order to make a payment, the customer must include their credit card number and expiration date. This also includes Visa and MasterCard check cards.
- The customer will always receive a confirmation number upon successful completion.
- The customer may choose to use their E-mail address for an electronic confirmation.

[Click here to see the screen.](#)

Driver and Vehicle Screen

This screen displays:

- driver names, ages and excluded status
- SR-22 filing
- vehicle year, make, model, and VIN.

[Click here to see the screen.](#)

Update Email Address Screen

This screen allows a customer to change their email address.

[Click here to see the screen.](#)

User ID and Personal Security Code (PSC) Screen

This screen allows a customer to change their user ID and/or personal security code (PSC) for accessing Personal *Progressive*.

[Click here to see the screen.](#)

Add to Policy List Screen


If a customer has multiple Progressive policies, they can enter the policies here. To access these policies, the customer is required to enter:

- policy number
- birth date of any policyholder on policy
- zip code
- driver's license of any policyholder on the policy

State Policy Contract

This screen appears if a state policy contract is available for the policyholder.

- To access this screen, this button will appear at the top right side of the Main Policy Screen :

 Once clicked, a state policy contract preview link will appear and attachment form numbers and revision date will be listed.

- Contract information can be downloaded to the customer's computer using **Adobe Acrobat** software. If our insured does not have this software on their computer, we provide them with a link to **Adobe's** website on the Internet where they can

download **Adobe** software.

30-Mar-99 at 04:58 PM

Billing

Endorsements

Cancel/
Reinstates

ProRater+

Reference
Documents

Greeting &
Closing

Skill Model
Search

Reference
Search

Personal **PROGRESSIVE**™[FAQ](#) | [Home](#) | [Security](#) | [Contact Us](#)**Already Registered?**

User ID:

Personal Security
Code:**GO****Forgot Your Login Information?**
[Click here.](#)**New to Personal Progressive?****Click here to register for online policy & claim service.**
Be Progressive!**Express Billing & Payment Information****Link directly to view your account status or make a payment.**
No registration necessary.**Personal Progressive is your place for online policy service.****DEMO****Personal Progressive demo**
In Flash 3.0

ab	Online Payments Save time. Access billing information and make payments online!	spc	Personal Policy Information Vehicle, driver and coverage information at y fingertips!
ab	Direct Access to Claim Information View claim information instantly! Get answers to estimate, rental car and repair questions.	spc	Quoting Feature Thinking about replacing that old car? Find how it would affect your rate!
ab	Online Address Changes Moving? Update your address information online!	spc	Replace Your Vehicle Online No need to call!

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Personal *Progressive* Menu

 **Make a Payment**

 **Policy Summary**

 **Policy Quotes**

 **Policy Changes**

 **Claim Information**

 **Online Form Request**

Update your Personal *Progressive*
registration information

Persons | **PROGRESSIVE™**

See Registered Policies | Add to Policy List

FA# : Name : Security : Residentia

make a
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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Billing & Account Information

Account status: policy is active, account paid to date

Last payment received: \$486.00 3/3/1999

Renewal payment received: \$330.00 3/10/1999

Current amount due: \$156.00 4/3/1999

[Bill schedule](#)[Account history](#)**Policy Details**

View your:

- [mailing address](#)
- [driver and vehicle information](#)
- [Policy Contract](#)

Coverages & Premiums: 10/22/97 thru 04/22/98

	1989	1993	1992
	Jeep	Jagua	Jeep
BODILY INJURY LIABILITY	\$527	\$704	\$2,980
\$50,000 EACH PERSON - \$100,000 EACH ACCIDENT			
PROPERTY DAMAGE LIABILITY			
\$100,000 NO DEDUCTIBLE			
* ACCIDENTAL DEATH \$25,000 LIMIT	\$1,000		
UNINSURED/UNDERINSURED MOTORIST NON-STACKABLE	\$45	\$47	\$222
\$500,000 COMBINED SINGLE LIMIT			
UM PROPERTY DAMAGE \$500,000 CSL LESS \$500 DED	\$5	\$5	\$23
MEDICAL EXPENSE \$100,000 PER PERSON	\$54	\$74	\$329
COMPREHENSIVE \$100 DIMINISHING DEDUCTIBLE	\$157	\$243	\$309
COLLISION \$1,000 DEDUCTIBLE	\$180		\$594
COLLISION \$500 DEDUCTIBLE		\$838	
TOWING AND LABOR \$300 LIMIT	\$8	\$8	\$10
RENTAL REIMBURSEMENT \$20/DAY FOR MAX OF 30 DAYS	\$38	\$38	\$48

Billing & Account Information

Account status: policy is active, account paid to date

Last payment received: \$486.00 3/3/1999

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Current amount due: \$156.00 4/3/1999

Bill schedule

Account history

Policy Details

View your:

- mailing address
- driver and vehicle information
- Policy Contract

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BODILY INJURY LIABILITY		\$527	\$704	\$2,980
\$50,000 EACH PERSON - \$100,000 EACH ACCIDENT				
PROPERTY DAMAGE LIABILITY				
\$100,000 NO DEDUCTIBLE				
* ACCIDENTAL DEATH \$25,000 LIMIT		\$1,000		
UNINSURED/UNDERINSURED MOTORIST NON-STACKABLE		\$45	\$47	\$222
\$500,000 COMBINED SINGLE LIMIT				
UM PROPERTY DAMAGE \$500,000 CSL LESS \$500 DED		\$5	\$5	\$23
MEDICAL EXPENSE \$100,000 PER PERSON		\$54	\$74	\$329
COMPREHENSIVE \$100 DIMINISHING DEDUCTIBLE		\$157	\$243	\$309
COLLISION \$1,000 DEDUCTIBLE		\$180		\$594
COLLISION \$500 DEDUCTIBLE			\$838	
TOWING AND LABOR \$300 LIMIT		\$8	\$8	\$10
RENTAL REIMBURSEMENT \$20/DAY FOR MAX OF 30 DAYS		\$38	\$38	\$48
<hr/>				
Premium by vehicle:	\$8,486.00	\$2,052	\$1,957	\$4,515
Policy Fees & Taxes:	\$38.00			
Total Premium:	\$8,524.00			

* *Policy Level Coverage* - all vehicles covered. Premium shown in the first column is total premium paid for the coverage shown.

For a complete description of the terms & limits of the coverages above, refer to the policy and attachments sent to you by Progressive.

Last Policy Change Date: 10/19/97

Agent Information

Agent Name: Hosford Insurance
Phone Number: (916) 555-5555
Address: 2806 Cascade Pl, Davis CA 95555

Note: Any changes made to this policy will be available for display one business day after change is initiated. Because we update our records from 2:00am - 4:00am ET Monday-Saturday and 12:00am - 8:00am ET on Sunday, Personal *Progressive* will not be available during this time period. Inquiries during this period will result in an error message.



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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Bill Schedule

Type of Notice	Issue Date	Due Date	Amount
2nd Installment	03/10/1999	03/25/1999	\$ 30.76
3rd Installment	04/12/1999	04/27/1999	\$ 30.76
4th Installment	05/11/1999	05/26/1999	\$ 29.32



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F&B | Name | Security | Essentials

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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Account History

Transaction Date	Description	Bill Due Date	Amount
03/10/1999	Bill Sent	03/25/1999	\$30.76
04/01/1999	Payment (Postmarked: 03/30/1999)		\$30.76
04/12/1999	Bill Sent	04/27/1999	\$30.76
04/25/1999	Payment (Postmarked: 04/20/1999)		\$30.76
05/11/1999	Bill Sent	05/26/1999	\$29.32
05/26/1999	Payment (Postmarked: 05/20/1999)		\$29.32
05/30/1999	Policy Change (Effective: 06/01/1999)		\$12.00
05/30/1999	Bill Sent	06/14/1999	\$12.00
06/12/1999	Payment (Postmarked: 06/06/1999)		\$12.00
06/20/1999	Payment Returned by Bank		\$12.00
06/20/1999	Return Fee		\$20.00
06/20/1999	Cancel Sent	06/30/1999	\$32.00
06/29/1999	Payment (Postmarked: 06/21/1999)		\$40.00
06/30/1999	Draft		\$8.00



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Address/Telephone Information

Our records show the following address and telephone information for your policy.

Mailing Address:

Name: Mary Smith
Address: 12345 Main Street
City: Cleveland
State: OH
ZIP Code: 44111

Telephone Number(s):

Home: (440) 555-4444
Work: (440) 555-5555



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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Driver & Vehicle Information**Driver(s):**

Listed Driver(s)	Age	Gender	Driver Type	SR22
Paul R Bishop	64	M	Rated Driver	Yes
Mary L Bishop	60	F	Rated Driver	Yes
Tony P Bishop	28	M	Exluded Driver	No
Michelle T Bishop	33	F	Exluded Driver	No

Driving Record(s)**Vehicle(s):**

Year	Make	Model	Vehicle Identification Number
1989	Jeep	Cherokee4x4SW	1J4FJ78L4KL333661
1993	Jaguar	XJS	SAJNW33333737373
1992	Jeep	Cherokee4x4SW	1J4FJ78L4000000000



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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Driving Record(s)

Below is a list of the driving record(s) available for this policy. We use the following sources to create and verify driving record:

1. Information provided on the insurance application
2. Motor Vehicle Reports (MVR) provided by state agencies
3. Claims History (CLUE) provided by Equifax

Insured: Paul R. Bishop**Date of Birth:** 02/02/1968

Conviction/Accident	Date	Points	Source*
Speeding-Low	04/30/1997	02	A
Speeding-Low	10/30/1997	01	A
Minor Moving Viol	09/21/1998	02	B

Insured: Mary L. Bishop**Date of Birth:** 01/01/1967

Conviction/Accident	Date	Points	Source*
Speeding-Low	04/30/1997	02	A
Speeding-Low	10/30/1997	01	A
Minor Moving Viol	09/21/1998	02	B

* Source A = Convictions/accidents reported on the insurance application

Source B = Additional convictions/accidents found on MVR or CLUE

Note: Points listed are specific to *Progressive* and have no correlation to the point system used by state agencies. If you have questions regarding your driving record, email webmaster@progressive.com or contact our Policy Service Center at 1-800-888-7764.



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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Policy Contract

For your convenience, we are providing your state policy contract online in .pdf format.

The following document (**State Policy Contract**, 100-200k) is a replica of your current, in-force policy which you received from Progressive after you purchased coverage. This document does not contain attachment forms, your declaration page or other policy information, however, for some states you will be able to view endorsements to the policy. Attachment form numbers specific to your policy are shown below.

Policy attachments identified by form number and revision date: 9330(1195) 1995(0697) 9639(0497)

This on-line policy is provided for informational purposes only. Please refer to your complete insurance contract (including your policy, applicable endorsements and attachments and other information) for specific information regarding your coverages and any restrictions.

In order to view your state policy contract, you'll need to use Adobe Acrobat Reader to view the .pdf format. If you haven't already downloaded this free program, now's your chance.

Download a PDF viewer now!



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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Billing and Account Information**Make a Payment****Account status:** policy is active, account paid to date**Last payment received:** \$486.00 3/3/1999**Renewal payment received:** \$330.00 3/10/1999[Bill schedule](#)[Account history](#)**Choose a Payment Option****Be Progressive...Pay Online!!****Current amount due:** ☐ \$156.00 4/3/1999**Total current & renewal amount due:** ☐ \$486.00 5/3/1999**Select your amount** (minimum due or greater): ☐ **Pay in Full Today and SAVE!** ☒ \$1771.00[Online Check](#)[Visa or Mastercard](#)**Snail Mail Address:**Progressive Companies
Attn: Cash Processing
6055 Parkland Blvd.
Mayfield Hts, Oh 44214Copyright © 1995-99 The Progressive Corporation. All Rights Reserved.
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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Make a Payment by Online Check (EFT)

You can now make your online payment by check via a secure electronic funds transfer. A sample check is provided to assist you in completing the online electronic payment form. To find details on a specific part of your check, click on the corresponding area on the sample check below. You will be given a more detailed explanation of the check attribute.

SAMPLE CHECK

Name(s) on Account	→ John and Mary Doe	DATE	1453	← Check Number
		\$		
	PAY TO THE ORDER OF		DOLLARS	
Financial Institution Name and Address	→ WWW Bank 123 Internet Street Cleveland, OH 44122			
	MEMO			
	1:0440000001: 439130000 1453 ← Banking Number			

Checking Account Information

Name exactly as it appears on account:

(only one person's name on account is required)

Check number:

(located in upper right corner of check)

Banking number:

(ignore spacing & special characters and do not eliminate any numbers)

Financial Institution Information

Name of financial institution:

Branch street address:

Branch city:

Branch state:

Ohio

Branch ZIP code:

Payment amount selected: \$1,771.00

Make a Payment by Online Check (EFT)

You can now make your online payment by check via a secure electronic funds transfer. A sample check is provided to assist you in completing the online electronic payment form. To find details on a specific part of your check, click on the corresponding area on the sample check below. You will be given a more detailed explanation of the check attribute.

SAMPLE CHECK

Name(s) on Account	John and Mary Doe	DATE	1453	Check Number
<div style="display: flex; justify-content: space-between;"><div>PAY TO THE ORDER OF</div><div>\$ </div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Financial Institution Name and Address</div><div>WWW Bank 123 Internet Street Cleveland, OH 44122</div><div>DOLLARS</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>MEMO</div><div><div style="border: 1px solid black; padding: 2px;">⑆044000000⑆ 439130000 1453</div></div><div style="text-align: right;">Banking Number</div></div>				

Checking Account Information

Name exactly as it appears on account:

(only one person's name on account is required)

Check number:

(located in upper right corner of check)

Banking number:

(ignore spacing & special characters and do not eliminate any numbers)

Financial Institution Information

Name of financial institution:

Branch street address:

Branch city:

Branch state:


Ohio ☒

Branch ZIP code:

Payment amount selected: **\$1,771.00**

[Continue](#)

[Stop, I've changed my mind](#)

[back to general](#)
[policy information](#) 

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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Authorization Agreement for One-Time EFT Payment

I (we) hereby authorize Progressive Insurance Companies, and its subsidiaries, hereinafter called COMPANY, to initiate an electronic funds transfer ("EFT") to debit my (our) account, identified below, for one premium payment on the insurance policy issued to me (us) by COMPANY. I (we) further authorize COMPANY to initiate credit entries to my (our) account in order to correct any errors related to the payment. I (we) authorize the financial institution named below as the DEPOSITORY to accept and post entries to my (our) account.

Customer Information

Insured name: Paul Bishop
Payment amount selected: \$1771.00

Bank Information

Name on account: Paul Bishop
Name of financial institution: Charter One Bank
Branch address of financial institution: 123 Test Street, Cleveland, OH 44146

Verify banking number:

(ignore spacing & special characters and do not eliminate any numbers)


[Sample Check](#)

This authorization will remain in effect until the one-time debit authorized above and any and all related credits have been made or I (we) provide written notice to COMPANY and DEPOSITORY of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

To accept terms and conditions above, enter your Personal Security Code:

Please print a copy of this authorization for your records. You will also receive an authorization form by U.S. Mail.

☐ Click here if you would like an e-mail confirmation of today's payment.

You are authorizing Progressive to withdraw the sum shown above from your checking account by presenting a draft in that amount. This is a one time transaction, and the draft will be presented against your checking account. If the funds are not available, you may be charged a non-sufficient funds (NSF) fee and your policy will be voided or cancelled. Click **"Make my payment"** to authorize this withdrawal or **"Stop, I've Changed My Mind"** if you do not wish to authorize this withdrawal. If you

Authorization Agreement for One-Time EFT Payment

I (we) hereby authorize Progressive Insurance Companies, and its subsidiaries, hereinafter called COMPANY, to initiate an electronic funds transfer ("EFT") to debit my (our) account, identified below, for one premium payment on the insurance policy issued to me (us) by COMPANY. I (we) further authorize COMPANY to initiate credit entries to my (our) account in order to correct any errors related to the payment. I (we) authorize the financial institution named below as the DEPOSITORY to accept and post entries to my (our) account.

Customer Information

Insured name: Paul Bishop
Payment amount selected: \$1771.00

Bank Information

Name on account: Paul Bishop
Name of financial institution: Charter One Bank
Branch address of financial institution: 123 Test Street, Cleveland, OH 44146

Verify banking number:

(ignore spacing & special characters and do not eliminate any numbers)

[Sample](#)[Check](#)

This authorization will remain in effect until the one-time debit authorized above and any and all related credits have been made or I (we) provide written notice to COMPANY and DEPOSITORY of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

To accept terms and conditions above, enter your Personal Security Code:

Please print a copy of this authorization for your records. You will also receive an authorization form by U.S. Mail.

☐ Click here if you would like an e-mail confirmation of today's payment.

You are authorizing Progressive to withdraw the sum shown above from your checking account by presenting a draft in that amount. This is a one time transaction, and the draft will be presented against your checking account. If the funds are not available, you may be charged a non-sufficient funds (NSF) fee and your policy will be voided or cancelled. Click "**Make my payment**" to authorize this withdrawal or "**Stop, I've Changed My Mind**" if you do not wish to authorize this withdrawal. If you have any questions please call 1-800-888-7764.

[Make my payment](#)[Stop, I've changed my mind](#)

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Personal **PROGRESSIVE™**[See Registered Policies](#) | [Add to Policy List](#)

RAD : Name : Security : Contact Me

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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Confirmation of One-Time EFT Payment

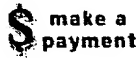
Note: Please allow at least one business day for payment to appear on Personal *Progressive*.

Authorization number : DEMO-1
Policy number : 00000000-5
Payment amount : \$1,771.00
Payment receipt date : 4/3/1999
Routing/Transit/ABA #: 101000019

If you have questions about today's payment, e-mail us at webmaster@progressive.com (include your complete name, authorization number and policy number), or call our Customer Service at 1-800-888-7764. Representatives are available 24 hours a day, 7 days a week for your convenience.

[Back to General Policy Information](#)[back to general
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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Make a Payment by Credit Card

Attention! The confirmation page may take up to 1 minute to display. Please be patient.

Payment amount selected:

\$100.00

Credit card number:



& only

Expiration date (MM YYYY):

01

1999

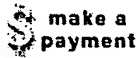
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Current Vehicle List**Vehicle Replacement Quote**

Select the vehicle you would want to replace.

Vehicle	Vehicle Identification Number
<input type="radio"/> 1989 Jeep Cherokee4x4SW	1J4FJ78L4KL333661
<input type="radio"/> 1993 Jaguar XJS	SAJNW33333737373
<input type="radio"/> 1998 Honda Accord Lx 4d	2BA1213001L123456
<input type="radio"/> 1932 Chevy Coupe	SAJNW34563212365

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New Vehicle Information

Vehicle Replacement Quote

Select the model year of the new vehicle you want to quote.

Year:

1999 

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New Vehicle Information**Vehicle Replacement Quote**

Select the make of the new vehicle you want to quote.


Year: 1999

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New Vehicle Information

Vehicle Replacement Quote

Select the **model** of the new vehicle you want to quote.

Year: 1999

Make: Jeep

Model:



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New Vehicle Information**Vehicle Replacement Quote**

Select the item that best describes the new vehicle you want to quote.

Year: 1999**Make:** Jeep**Model:** Cherokee Country

	Body Series	Body Style	Engine Size	Cylinders	Wheel Drive
<input type="radio"/>	Cherokee Country	4 Door Mpv	242	4	2x4
<input type="radio"/>	Cherokee Country	4 Door Mpv	242	6	4x4

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Coverage Information**Vehicle Replacement Quote**

Your current physical damage coverage is listed below. Your current liability coverage will remain the same. Select the coverage for the new vehicle you want to quote.

Comprehensive:

250

Collision:

250

Towing/Labor:

None

Rental:

None

Loan Lease:

None

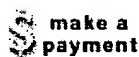
[Click here for general coverage definitions](#)

Note: Finance or leasing companies require Comprehensive and Collision coverage.

Rate!



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Effect on Policy Premium**Vehicle Replacement Quote****Policy Term:** 01/15/1999 to 07/15/1999**Change Effective Date:** 02/04/1999**Premium Change:**

How this change would affect your premium for the remainder of your current policy term:

02/04/1999 to 07/15/1999: \$163.00 increase*For Comparison Purposes Only*

How this change would affect your premium for the entire policy term:

01/15/1999 to 07/15/1999

Prior to change: \$554.00

After change: \$854.00

Difference: \$300.00 increase

[To make this change to your policy now...CLICK HERE!](#)**Note:** Quotes provided are only estimates and are effective the date of the quote only.[Revised Bill Schedule](#)[Start New Quote](#)[Summary of Quotes Requested](#)Copyright © 1995-99 The Progressive Corporation. All Rights Reserved.
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Revised Bill Schedule**Vehicle Replacement Quote**

We estimate this change would affect your bill schedule in the following way:

Type of Notice	Issue Date	Due Date	Current Amount	New Amount
2nd Installment	03/10/1999	03/25/1999	\$32.00	\$30.76
3rd Installment	04/12/1999	04/27/1999	\$32.00	\$30.76
4th Installment	05/11/1999	05/26/1999	\$30.20	\$29.32

Note: In some cases, the amount actually charged or credited to your policy for this change may be different than the amount shown here. Bill schedule does not reflect any amount currently due.

[To make this change to your policy now...CLICK HERE!](#)[Start New Quote](#)[Summary of Quotes Requested](#)

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Summary of Quotes Requested**Vehicle Replacement Quote**

Policy Term: 01/15 /1998 to 07/15 /1999

Quote Effective Date: 02/04/1999

Current Vehicle Information:

Vehicle: 1989 Jeep Cherokee4x4SW
Comprehensive: NONE
Collision: NONE
Towing: NONE
Rental: NONE
Loan Lease: NONE

Six Month Premium: \$854.00

New Vehicle Quote:

Vehicle: 1999 Mitsubishi Galant ES
Comprehensive: 250
Collision: 250
Towing: 50
Rental: \$20/day - 30 day max
Loan Lease: Yes

Six Month Premium: \$1755.00

Premium Difference: \$901.00 increase

If you were to make this change effective **February 4, 1999**, we estimate a **\$163.00 increase** in premium for the remainder of your current policy term.

Current Vehicle Information:

Vehicle: 1998 Acura Integra 2.3 CL
Comprehensive: NONE
Collision: NONE
Towing/Labor: NONE
Rental: NONE
Loan Lease: NONE

Six Month
Premium: \$1250.00**New Vehicle Quote:**

Vehicle: 1999 Mitsubishi Galant ES
Comprehensive: 250
Collision: 250
Towing/Labor: 50
Rental: \$20/day - 30 day max
Loan Lease: Yes

Six Month Premium: \$1755.00

Premium Difference: \$505.00 increase

If you were to make this change effective **February 4, 1999**, we estimate a **\$83.00 increase** in premium for the remainder of your current policy term.

To make a change to your policy now...CLICK HERE!

Note: Quotes provided are only estimates and are effective the date of the quote only. Even though we may estimate that your premium will decrease, it is possible that, once a change is actually requested, a premium increase may result.

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Requestor Verification**Vehicle Replacement Request**

Only the named insured, the named insured's spouse, the second named insured, or the second named insured's spouse are permitted to make certain changes to a policy. Please indicate who you are from the list below.

Name	Date of Birth
<input type="radio"/> Mary Smith	02-14-1950
<input type="radio"/> Jerry Smith	10-31-1949
<input type="radio"/> Patty Smith	01-01-1970
<input type="radio"/> Hal Smith	12-25-1974

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Current Vehicle List**Vehicle Replacement Request**

Select the vehicle you want to replace.

Vehicle	<u>Vehicle Identification Number</u>
<input type="radio"/> 1989 Jeep Cherokee4x4SW	1J4FJ78L4KL333661
<input type="radio"/> 1993 Jaguar XJS	SAJNW33333737373
<input type="radio"/> 1998 Honda Accord Lx 4d	2BA1213001L123456
<input type="radio"/> 1932 Chevy Coupe	SAJNW34563212365

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New Vehicle Information**Vehicle Replacement Request**

Enter the **Vehicle Identification Number (VIN)** of your new vehicle. This number can be found on the vehicle title, registration or driver's side dashboard.

VIN:

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New Vehicle Information**Vehicle Replacement Request**

The VIN entered indicates the following vehicle information. Answer the questions below.

VIN: 2BA1213001L123456

Year: 1996

Make: Mitsubishi

Model: Galant ES

[Click here for VIN details](#)Indicate the primary use of this vehicle.

Commuter

Will this vehicle be kept at the same ZIP
code as the vehicle you are replacing?☐ Yes ☐ No

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VIN Details

Vehicle Replacement Request

The VIN entered generates the following vehicle information.

Vehicle: 1996 Mitsubishi Galant ES

Cylinders:	8	Gross Vehicle Weight:	6,001 - 10,000
Fuel Type:	Gas	Wheels:	4
Body Style:	2 Seat	Drive Wheels:	4
Cubic Inches:	454	Tonnage:	3/4 Ton
Carburetion:		Daytime Running Lights:	Standard
Anti-Lock Brakes:	Standard		
Passive Restraint:	Air bags both sides/manual belt system		

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Vehicle Location**Vehicle Replacement Request**

Enter the state and ZIP code where the 1996 Mitsubishi Galant ES will be kept.

State**ZIP Code**

New York



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Vehicle Location**Vehicle Replacement Request**

Select the location where the 1996 Mitsubishi Galant ES will be kept.

- ☐ Smithville
- ☐ Jonestown
- ☐ Janesbrook
- ☐ Spotburg

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New Vehicle Information**Vehicle Replacement Request**

Do you own or lease the 1996 Mitsubishi Galant ES?

☐ Own ☐ Lease

Do you make payments on the 1996 Mitsubishi Galant ES?

☐ Yes ☐ No**If Yes:**

Do you make those payments to Key Bank?

☐ Yes ☐ No

Select the county in which you live.

Alachua

Is the 1996 Mitsubishi Galant ES new, unused and purchased within the last 45 days?☐ Yes ☐ No

Purchase date of this vehicle (i.e. mm/yyyy)

Number of miles this vehicle will be driven to and from work

Number of miles this vehicle will be driven annually

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Financial Institution Information**Vehicle Replacement Request**

You indicated you make payments on the 1996 Mitsubishi Galant ES. Select your financial institution/leasing company from *Progressive's* standard list. If your company is not listed, select "Other".

Progressive's standard list:

Ford Motor Credit, 12345 Main Street, Springfield, OH 44444

If you selected "Other", enter the company's mailing information below.

Company Name:**Address*:**

*Use standard address abbreviations.

City:**State:**Alabama **ZIP Code:**

Continue

Cancel



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Leasing Company Information**Vehicle Replacement Request**

The following leasing company is currently listed on your policy:

Key Bank**PO Box 5775****Cincinnati, OH 45201**

Does this leasing company still apply to your policy?

☐ Yes ☐ No**If Yes:**

Will this leasing company remain the same for the vehicle you are adding?

☐ Yes ☐ No**If No:**

Enter the leasing company's mailing information for the 1996 Mitsubishi Galant ES below.

☐ Check here if the mailing information is for Ford Motor Credit. If so, you do not need to enter the information below.**Company Name:****Address*:**

*Use standard address abbreviations.

City:**State:****ZIP Code:**Copyright © 1995-99 The Progressive Corporation. All Rights Reserved.
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Coverage Information**Vehicle Replacement Request**

Your current physical damage coverage is listed below. Your current liability coverage will remain the same. Select the coverage you want for the 1996 Mitsubishi Galant ES.

Comprehensive:

250

Collision:

250

Towing/Labor:

None

Rental:

None

Loan Lease:

None

[Click here for general coverage definitions](#)

Note: Finance or leasing companies require Comprehensive and Collision coverage.



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Coverage Definitions

These definitions provide a brief description of the coverages we offer and some of the terms and phrases used in connection with auto insurance. This is not an insurance contract. Other terms, conditions, and exclusions apply. Please read the Progressive policy for full details about the coverages. These definitions do not alter or modify the terms of any insurance contract. If there is any conflict between these definitions and the provisions of the applicable insurance policy, the terms of the policy control.

Physical Damage

Coverage for property damage to a vehicle insured under the "collision insurance" and "comprehensive insurance" sections of your policy.

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Liability Insurance

Insurance for money the policyholder is legally obligated to pay because of bodily injury or property damage caused to another person and covered by the policy

[TOP](#)

Bodily Injury Liability (BI)

Bodily Injury liability coverage pays when an insured person is legally liable for bodily injury or death caused by your vehicle or your operation of most non-owned vehicles. This coverage also pays for your legal defense if you are sued. Principal Exclusions: No coverage for (1) bodily injury/death when you are using your vehicle to carry persons or property (including magazines, newspapers, food) for compensation or a fee; (2) liability assumed under a contract; (3) bodily injury/death to an employee; (4) bodily injury/death caused by an intentional act; (5) property owned by, rented to, or in the charge of an insured person; (6) bodily injury/death to you or relative; (7) bodily injury/death or property damage resulting from a relative's use of a vehicle, other than a covered vehicle, owned by a person who resides with you; or (8) bodily injury or property damage resulting from your operation or use of a vehicle owned by you, other than a covered vehicle.

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Property Damage Liability (PD)

Property Damage liability pays when an insured person is legally liable for damage to the property of others caused by your vehicle your operation of most non-owned vehicles. This coverage also pays for your legal defense costs if you are sued. Principal Exclusions: Same as Bodily Injury Liability Coverage exclusions (above), but the exclusions apply to damage to property.

Coverage Definitions

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[TOP](#)

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Property Damage Liability (PD)

Property Damage liability pays when an insured person is legally liable for damage to the property of others caused by your vehicle your operation of most non-owned vehicles. This coverage also pays for your legal defense costs if you are sued. Principal Exclusions: Same as Bodily Injury Liability Coverage exclusions (above), but the exclusions apply to damage to property.

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Uninsured Motorist (UM)

Uninsured Motorist coverage protects me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance. Principal Exclusions: No coverage for bodily injury/death sustained by any person while using or occupying a (1) covered vehicle while being used to carry persons or

property for compensation or a fee; (2) a covered vehicle without the permission of you or a relative; or (3) a non-owned vehicle without the permission of the owner.

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Underinsured Motorist (UIM)

Underinsured Motorist coverage protects me, my resident relatives, and occupants of a covered vehicle if any of us sustain bodily injury, including any resulting death, in an accident in which the owner or operator of a motor vehicle who is legally liable does not have enough insurance. Principal Exclusions: No coverage for bodily injury/death sustained by any person while using or occupying a (1) covered vehicle while being used to carry persons or property for compensation or a fee; (2) a covered vehicle without the permission of you or a relative; or (3) a non-owned vehicle without the permission of the owner.

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Uninsured Motorist Property Damage (UMPD)

Uninsured Motorist Property Damage coverage is available in some states as an alternative to Collision Coverage. This coverage pays you for damage to the covered vehicle that has been sustained in an accident in which the owner or operator of a motor vehicle who is legally liable does not have insurance.

Principal Exclusions: No coverage for property damage sustained by a covered vehicle while (1) being used to carry persons or property for compensation or a fee; or (2) a covered vehicle without the permission of you or a relative.

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Medical Payment

Medical Payment coverage pays certain medical and funeral expenses resulting from a motor vehicle accident. This coverage protects anyone occupying your vehicle. It also covers you and relatives while in other vehicles or if struck as a pedestrian. These benefits are payable without regard to fault. This coverage may not be available in states that require Personal Injury Protection Benefits. Principal Exclusions are similar to those for Bodily Injury Liability Coverage (see above).

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Comprehensive Coverage

Comprehensive coverage pays for loss or damage to your covered vehicle caused by any event other than collision. This includes damages due to events such as fire, theft, windstorm, flood, and vandalism. We will also pay transportation and loss of use expenses under this coverage if your motor vehicle is stolen. Principal Exclusions: The same as Collision Coverage (see above).

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Collision Coverage

Collision coverage pays for loss to your covered vehicle when it collides with another object or overturns. We will also pay for a collision loss to any non-owned vehicle, or to a vehicle you have rented other than a vehicle rented for use in connection with your business or employment, while that vehicle is in your custody, or while you are operating it. Principal Exclusions: No coverage for damages or loss (1) to a vehicle while being used to carry persons or property for compensation or a fee; (2) resulting from intention acts, racing, or preparing for a race or stunting activity; (3) customs parts or equipment, including electronic equipment, in excess of the value declared in the application; or (4) to tapes, compact discs, other media or their carrying cases.

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Towing and Labor

Towing and Labor coverage reimburses you up to the limit selected for emergency towing of your car.

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Rental Reimbursement

Rental Reimbursement coverage pays expenses to rent a car if you have a loss covered under Comprehensive Coverage or Collision Coverage. Pays up to the limit selected per day to the maximum indicated.

[TOP](#)

Loan/Lease Payoff Protection

This coverage protects you if your vehicle is a total loss. This coverage pays the amount owed on the vehicle up to 25% over the actual cash value (except past due amounts and other purchased coverage, i.e. credit life, accidental life, warranty/repair.) This coverage has no deductible. This coverage is typically sold to insureds who have a new car with a new car loan, or a newly leased vehicle.

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These definitions provide a brief description of the coverages we offer and some of the terms and phrases used in connection with auto insurance. This is not an insurance contract. Other terms, conditions, and exclusions apply. Please read the Progressive policy for full details about the coverages. These definitions do not alter or modify the terms of any insurance contract. If there is any conflict between these definitions and the provisions of the applicable insurance policy, the terms of the policy control.

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Photo Inspection Notice**Vehicle Replacement Request**

A photo inspection is required for the vehicle you are adding. Please read the following information.

Acknowledgment of Requirement for Pre-Inspection

You may wish to call CARCO at 1-888-242-1200 to schedule an inspection for the 1996 Mitsubishi Galant ES immediately. *Progressive's* account number is PROY11. [Click here for information on CARCO locations.](#)

By my acknowledgment below I certify that I have been informed that my vehicle(s) which is being insured for Collision and/or Comprehensive coverage must be inspected by a representative of the insurer. This inspection must be completed within five (5) calendar days after the effective date of coverage, to avoid suspension in coverage. I understand that failure to obtain the required inspection(s) will result in suspension (losses will not be covered) of the physical damage coverage (Collision, Comprehensive, Fire, Theft) as of 12:01 a.m. of the day following the date the inspection must be completed by. If coverage suspended it will be restored after the inspection is completed.

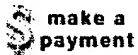
☐ Check here if you have read and understand the contractual language and agree to it.

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CARCO-Photo Inspection Convenience At Your Fingertips

In compliance with state regulation, *Progressive* has requested that you have your vehicle(s) photo inspected. For your convenience, CARCO has thousands of inspection sites throughout the country. To find the location nearest you, please dial CARCO's easy to use "tele-site" system toll free at 1-888-242-1200.

Using your touch tone telephone, simply follow the instructions, entering your ZIP code and the computerized system will provide you with the locations in your area. The system is updated daily to ensure you always receive accurate information.

Any questions? Contact *Progressive's* Policy Service Center at 1-800-888-7764. We are open 24 hours a day, seven days a week for your convenience.

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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Summary of Changes**Vehicle Replacement Request**

Effective 04/02/1999 the information on your policy will change as shown:

Current

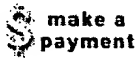
Vehicle:	1989 Jeep Cherokee4x4SW
VIN:	1J4FJ78L4KL333661
Comprehensive:	NONE
Collision:	NONE
Towing/Labor:	NONE
Rental:	NONE
Loan Lease:	NONE

New

Vehicle:	1996 Mitsubishi Galant ES
VIN:	2BA1213001L123456
Comprehensive:	250
Collision:	250
Towing/Labor:	50
Rental:	\$20/day - 30 day max
Loan Lease:	Yes
Lienholder:	GMAC
Leasing Company:	GMAC
Discounts Added:	Anti-lock brakes Driver's side airbag

*Photo Inspection is required for the new vehicle added.

*UMPD coverage has been removed. UMPD is not offered in combination with Collision coverage.[Continue](#)[Cancel](#)Copyright © 1995-99 The Progressive Corporation. All Rights Reserved.
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Effect on Policy Premium**Vehicle Replacement Request****Policy Term:** 01/15/1999 to 07/15/1999**Change Effective Date:** 02/04/1999**Premium Change**

How this change affects your premium for the remainder of your current policy term:

02/04/1999 to 07/15/1999: \$275.00 increase*For Comparison Purposes Only*

How this change would affect your premium for the entire policy term:

01/15/1999 to 07/15/1999

Prior to change: \$554.00

After change: \$854.00Difference: **\$300.00 increase**Answers to premium and billing questions**Note:** This premium change is valid for the current change and effective date only.

Revised Bill Schedule

Submit!

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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Revised Bill Schedule**Vehicle Replacement Request**

This change will affect your bill schedule in the following way:

Type of Notice	Issue Date	Due Date	Current Amount	New Amount
2nd Installment	03/10/1999	03/25/1999	\$32.00	\$30.76
3rd Installment	04/12/1999	04/27/1999	\$32.00	\$30.76
4th Installment	05/11/1999	05/26/1999	\$30.20	\$29.32

Note: In some cases, the amount actually charged or credited to your policy for this change may be different than the amount shown here. Bill schedule does not reflect any amount currently due.



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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Your change has been successfully completed!**Vehicle Replacement Request**

- It may take up to three business days before your new information is reflected in our records.
- If you have questions regarding your policy, please email our Webmaster at webmaster@progressive.com or call our 24 hour Policy Service Center at 1-800-888-7764.
- For your convenience, a summary of changes will be emailed to you.

Summary of Changes

Policy Number: 012345678-9
Policy Term: 01/15 /1998 to 07/15 /1999
Change Effective Date: 04/02/1999
Confirmation Number: 123NET789 (Save this number to reference this change if needed)
Premium Change: \$275.00 increase

Follow-Up: A photo inspection is required for the new vehicle added.

Prior Information:

Vehicle: 1989 Jeep Cherokee4x4SW
VIN: 1J4FJ78L4KL333661
Comprehensive: NONE
Collision: NONE
Towing: None
Rental: None
Loan Lease: None

New Information:

Vehicle: 1996 Mitsubishi Galant ES
VIN: 2BA1213001L123456
Comprehensive: 250
Collision: 250
Towing: 50
Rental: \$20/day - 30 day max
Loan Lease: Yes
Lienholder: GMAC
Additional Interest: GMAC
Discounts Added: Anti-lock brakes
Driver's side airbag

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Menu**Policy Changes**[Address/Telephone](#)[Vehicle Replacement](#)Copyright © 1995-99 The Progressive Corporation. All Rights Reserved.
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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Address/Telephone Information

Our records show the following address and telephone information for your policy.

Mailing Address:

Name: Mary Smith
Address: 12345 Main Street
City: Cleveland
State: OH
ZIP Code: 44111

Telephone Number(s):

Home: (440) 555-4444
Work: (440) 555-5555

[Update Address/Telephone](#)[Update Telephone](#)

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Address/Telephone Update

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Requestor Verification**Address/Telephone Change Request**

Only the named insured, the named insured's spouse, the second named insured, or the second named insured's spouse are permitted to make certain changes to a policy. Please indicate who you are from the list below.

Name	Date of Birth
<input type="radio"/> Mary Smith	02-14-1950
<input type="radio"/> Jerry Smith	10-31-1949
<input type="radio"/> Patty Smith	01-01-1970
<input type="radio"/> Hal Smith	12-25-1974

Continue

Cancel



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New Address Information**Address/Telephone Change Request**

Enter new information below.

New Mailing Address:**Name:** Mary Smith**Address*:**

*Use standard address abbreviations

City:**State:****ZIP Code:**

Are all the vehicles on your policy kept at this new ZIP code?

☐ Yes☐ No**New Telephone Number(s) (if different):****Home Phone:** - - **Work Phone:** - - Copyright © 1995-99 The Progressive Corporation. All Rights Reserved.
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Vehicle Location**Address/Telephone Change Request**

Check the vehicle(s) that are kept at your new ZIP code.

Vehicle(s) on Policy:**Vehicle Identification Number**

- | | |
|--|-------------------|
| <input type="checkbox"/> 1998 Toyota Corolla | 1J4FJ78L4KL333661 |
| <input type="checkbox"/> 1989 Ford Probe | 2A7XS65K41234566 |
| <input type="checkbox"/> 1997 Plymouth Breeze | T2GHJK8985432123 |
| <input type="checkbox"/> 1996 Mitsubishi Galant ES | 1J4FJ78L4KL333661 |

Continue

Cancel

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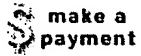
Good Afternoon Paul Bishop.... Policy #: 00000000-5

Vehicle Location**Address/Telephone Change Request**

Indicate the state and ZIP code where the following vehicle(s) is kept.

Vehicle	State	ZIP Code
1998 Toyota Corolla	<input type="text" value="Ohio"/>	<input type="text"/>
1989 Ford Probe	<input type="text" value="Ohio"/>	<input type="text"/>

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Vehicle Location**Address/Telephone Change Request**

Select the location where your vehicle is kept.

Vehicle:

1998 Toyota Corolla

Location:

- ☐ Smithville
- ☐ Jonestown
- ☐ Janesbrook
- ☐ Spotburg

1989 Ford Probe

- ☐ Johnsonville
- ☐ Maryville
- ☐ Joeville
- ☐ Tomville

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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Summary of Changes**Address/Telephone Change Request**Effective **04/01/1999** the information on your policy will change as shown:

	Current	New
Mailing Address		
Name:	Mary Smith	Mary Smith
Address:	12345 Main Street	11111 Jones Street
City:	Cleveland	Cleveland
State:	OH	OH
ZIP Code:	44111	44135
Telephone Number(s)		
Home:	(440) 555-4444	(440) 555-1212
Work:	(440) 555-5555	(440) 555-3333
Vehicle Location(s)		
1998 Toyota Corolla		
State:	Ohio	Ohio
ZIP Code:	44111	44117
1996 Mitsubishi Galant ES		
State:	Ohio	Ohio
ZIP Code:	44111	44117

Continue

Cancel

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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Effect on Policy Premium**Address/Telephone Change Request****Policy Term:** 01/15/1999 to 07/15/1999**Change Effective Date:** 02/04/1999**Premium Change**

How this change affects your premium for the remainder of your current policy term:

02/04/1999 to 07/15/1999: \$15.00 decrease*For Comparison Purposes Only*

How this change would affect your premium for the entire policy term:

01/15/1999 to 07/15/1999

Prior to change: \$554.00

After change: \$525.00

Difference: \$29.00 decrease

Answers to premium and billing questions**Note:** This premium change is valid for the current change and effective date only.[Revised Bill Schedule](#)[Submit!](#)[Cancel](#)Copyright © 1995-99 The Progressive Corporation. All Rights Reserved.
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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Revised Bill Schedule**Address/Telephone Change Request**

This change will affect your bill schedule in the following way:

Type of Notice	Issue Date	Due Date	Current Amount	New Amount
2nd Installment	03/10/1999	03/25/1999	\$32.00	\$30.76
3rd Installment	04/12/1999	04/27/1999	\$32.00	\$30.76
4th Installment	05/11/1999	05/26/1999	\$30.20	\$29.32

Note: In some cases, the amount actually charged or credited to your policy for this change may be different than the amount shown here. Bill schedule does not reflect any amount currently due.

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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Your change has been successfully completed! Address/Telephone Change Request

- It may take up to three business days before your new information is reflected in our records.
- If you have questions regarding your policy, please email our Webmaster at webmaster@progressive.com or call our 24 hour Policy Service Center at 1-800-888-7764.
- For your convenience, a summary of changes will be emailed to you.

Summary of Changes

Policy Number: 012345678-9
Policy Term: 01/15 /1998 to 07/15 /1999
Change Effective Date: 04/01/1999
Confirmation Number: 123NET789 (Save this number to reference this change if needed)
Premium Change: \$15.00 decrease

	Prior Information	New Information
Mailing Address		
Name:	Mary Smith	Mary Smith
Address:	12345 Main Street	11111 Jones Street
City:	Cleveland	Cleveland
State:	OH	OH
ZIP Code:	44111	44135
Telephone Number(s)		
Home:	(440) 555-4444	(440) 555-1212
Work:	(440) 555-5555	(440) 555-3333
Vehicle Location(s)		
1998 Toyota Corolla		
State:	Ohio	Ohio
ZIP Code:	44111	44117
1996 Mitsubishi Galant ES		
State:	Ohio	Ohio
ZIP Code:	44111	44117

Your change has been successfully completed! Address/Telephone Change Request

- It may take up to three business days before your new information is reflected in our records.
- If you have questions regarding your policy, please email our Webmaster at webmaster@progressive.com or call our 24 hour Policy Service Center at 1-800-888-7764.
- For your convenience, a summary of changes will be emailed to you.

Summary of Changes

Policy Number: 012345678-9
Policy Term: 01/15 /1998 to 07/15 /1999
Change Effective Date: 04/01/1999
Confirmation Number: 123NET789 (Save this number to reference this change if needed)
Premium Change: \$15.00 decrease

	Prior Information	New Information
Mailing Address		
Name:	Mary Smith	Mary Smith
Address:	12345 Main Street	11111 Jones Street
City:	Cleveland	Cleveland
State:	OH	OH
ZIP Code:	44111	44135

	Prior Information	New Information
Telephone Number(s)		
Home:	(440) 555-4444	(440) 555-1212
Work:	(440) 555-5555	(440) 555-3333

	Prior Information	New Information
Vehicle Location(s)		
1998 Toyota Corolla		
State:	Ohio	Ohio
ZIP Code:	44111	44117
1996 Mitsubishi Galant ES		
State:	Ohio	Ohio
ZIP Code:	44111	44117

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Good Afternoon Paul Bishop.... Policy #: 00000000-5

Menu**Online Form Requests**

Select the form(s) you would like mailed to you.

- ☐ Insurance I.D. Cards / Declarations Page (personal policy information)
- ☐ Insurance I.D. Cards

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Your request has been submitted...**Online Form Requests**

The following form(s) will be mailed to you at the address listed on your policy.

Insurance I.D. Cards/Declarations Page (personal policy information)

Note: A vehicle must have liability coverage to receive an ID card.**We appreciate your business. Thank you for contacting *Progressive!***Copyright © 1995-99 The Progressive Corporation. All Rights Reserved.
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Good Morning Archie Vaughn . . . Policy #: 45498620-0

Welcome to Your Claim Information System

The Claim Information System gives you information about the status of claims under your policy. Select the claim that you would like information about from the list below. If you have a claim that is not listed below and would like information on that claim, please call 1-800-274-4499 for assistance.

Note: Because the following claim(s) may be subject to change based on incoming information, the information listed is not binding.

Claim #	Incident Date	Claim Status
● 98-2191298	11/11/98	Inactive
● 98-2266134	12/3/98	Inactive
→ ● 99-2701579	3/29/99	Active



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Good Morning Archie Vaughn . . . Policy #: 45498620-0

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Your Claim Information

Claim #	Incident Date:	Claim Status:
99-2701579	03/29/1999	<u>Active</u>

Driver Involved:	DRIVER UNKNOWN
Vehicle Involved:	93 ISUZU TROOPER 4X4SW
Location of Loss:	BROOKLYN PARK , MN
Incident Report Date/Time:	03/29/1999 - 10:18:00ET AM
Inspection Date/Time:	03/29/1999 - 11:30:00CT AM
Claims Open:	COMPREHENSIVE, RENTAL

Your Progressive Claim Representative

Claims Open:	COMPREHENSIVE	RENTAL
Name:	DAN BECKER	DAN BECKER
Phone Number:	(612)766-2610	(612)766-2610
Office Location:	ARDEN HILLS	ARDEN HILLS

To communicate with your representative via the Internet, [click here](#).Copyright © 1995-99 The Progressive Corporation. All Rights Reserved.
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Your Coverage at Time of Incident

Claim # 99-2701579

The coverages below indicate the coverages you had at the time of the incident. If you have questions concerning coverage at time of incident, please communicate with your Claim Representative by phone (refer to general claim information page) or via the Internet.

Vehicle Involved: 93 ISUZU TROOPER 4X4SW

PERSONAL INJURY PROTECTION \$40,000 TOTAL

\$20,000 MEDICAL LOSS \$20,000 ECONOMIC LOSS

NO DEDUCTIBLE NO STACKING

RENTAL REIMBURSEMENT \$20/DAY FOR MAX OF 30 DAYS**TOWING & LABOR \$50 PER DISABLEMENT \$300 MAX****COLLISION-LESSER OF STD AMT OR ACV \$500 DEDUCTIBLE****COMPREHENSIVE-LESSER OF STD AMT OR ACV \$500 DED**

\$0 DEDUCTIBLE FOR WINDOW GLASS

PROPERTY DAMAGE LIABILITY

\$25,000 NO DEDUCTIBLE

UNINSURED/UNDERINSURED MOTORIST

\$30,000 EACH PERSON - \$60,000 EACH ACCIDENT

BODILY INJURY LIABILITY

\$30,000 EACH PERSON - \$60,000 EACH ACCIDENT

Need additional information on Renting a Vehicle?

For a complete description of the terms & limits of the coverages above, refer to the policy and attachments sent to you by Progressive.

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Information About Your Estimate

Claim # 99-2701579

This is a *sample* estimate. Simply, click or move your mouse over the highlighted sections to receive a definition. View sample photos taken when the sample estimate was written.

08/27/1990 at 11 36 AM
36444

ESTIMATE OF RECORD

87 CADILLAC CIMARRON 6-2.8L-FI 4D SED BROWN

NO.	OP.	DESCRIPTION	QTY	PRICE	LABOR	PAINT
1		FRONT BUMPER				
2	Repl.	LKO R & R bumper assy + 25%;	1	250.00	0.9	2.4

Estimate definitions will display here.

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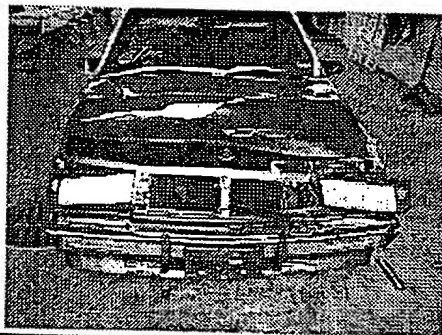
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Sample Photos

Claim # 99-2701579

The sample estimate shown on the prior page was written for the following damages. Photos are taken whenever an estimate is written.

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Information About Renting a Vehicle

Claim # 99-2701579

Your Progressive representative will verify your policy coverages and confirm the availability of Rental Reimbursement Coverage.

Regardless of the availability of Rental Reimbursement Coverage your Progressive representative can provide you with information on the location of suggested vendors or you can visit Enterprise (one of Progressive's suggested vendors) at <http://www.pickenterprise.com/rent/index.htm> to locate a rental office closest to you.

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Information About Repairs

Claim # 99-2701579

Below you will find Frequently asked questions about Repairs and their answers. If you don't find the answer you need, please communicate with your Claim Representative by phone (refer to general claim information page) or [via the Internet](#).

- [What if my car is damaged?](#)
- [What if the repair shop finds damage that wasn't included in the estimate?](#)
- [What if my repairs cost more than Progressive's estimate?](#)

What if my car is damaged?

If your car has been damaged, your Progressive representative will write a repair estimate. We will work with the repair shop of your choice or, if you request, arrange repairs for you at a shop which will guarantee its work.

[TOP](#)

What if the repair shop finds damage that wasn't included in the estimate?

If additional accident-related damage is discovered, the repair shop should call your Progressive representative to agree on an adjusted price before the work continues.

[TOP](#)

What if my repairs cost more than Progressive's estimate?

Your Progressive representative will make sure the repair estimate is fair, reasonable and covers the market value of the parts and labor necessary to repair your car to its pre-accident condition. You pay for repairs up to the amount of your policy deductible and Progressive pays the remaining amount of covered repairs. If you have any problems, give our estimate to the shop and ask them to call your Progressive representative.

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Be Prepared !

Even the most careful drivers can be involved in an accident. At Progressive, we understand an automobile accident can be a very traumatic experience, and we try to make the handling of your claim as trouble-free as possible. Progressive takes pride in providing fast, fair and hassle-free claims service. Even though you never plan on having a claim, there are a few steps you can take in advance to help you be prepared.

- What to do if you're in an accident.
- What is Progressive's Immediate Response claim service?
- What to carry in your car in case of an emergency.

What to do if you're in an accident.

MAKE SURE YOU AND YOUR PASSENGERS ARE OK

If you are involved in an accident—first and foremost—make sure that you and your passengers are safe. Get as far off the roadway as possible, but stay at the scene of the accident. Warn oncoming traffic by activating your hazard warning lights or setting flares (if your accident is at night).

STAY CALM

While it may be difficult to stay calm, resist the temptation to argue with the other driver, even if you believe that he or she is completely at fault.

EXCHANGE VITAL INFORMATION

Write down the names and license numbers of all parties, and the names and phone numbers or addresses of witnesses, particularly those who were not riding in a vehicle involved in the accident. Get the insurance policy number from the other party involved.

CONTACT PROGRESSIVE

If you're a Progressive policyholder, our Immediate Response® claims service is available to you 24 hours a day, 7 days a week. Call the number on your Progressive Gold Card (800-274-4499) anytime—day or night. We get to work right away to settle your claim fast, fair and hassle-free. Our claims representative can help you with:

- Providing coverage and policy information
- Arranging transportation for you
- Getting your vehicle repaired
- Arranging a vehicle rental
- Towing your car

Personal **PROGRESSIVE** TV

See Registered Policies | Add to Policy List

FAQ | Home | Security | Contact Us

policy
informationpolicy
changesclaim
informationpolicy
contractCommunicate with
your Claim Rep

Good Morning Archie Vaughn . . . Policy #: 45498620-0

Coverage Details

Estimate Information

Rental Information

Repair Information

Be Prepared!

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**Communicate with Your Claim
Representative**

Claim # 99-2701579

In order to communicate with your claim's representative via the Internet, simply choose when you would like to be contacted and type your message in the box below. Press the "Send Message" button when finished. Note: *Your message must be less than 400 characters long.*

Note: If you have a question not related to claims, contact us at webmaster@progressive.com.

Communication sent
from (your name):

ARCHIE VAUGHN

Number where I can be
contacted: - - Time of day to be
contacted:

Daytime

Communication to be
sent to:

DAN BECKER - COMPREHENSIVE

Send Message

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